Recertification Form

AEMT

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RECERTIFICATION — INSTRUCTIONS

1. Complete the AEMT recertification application. Be sure to obtain the necessary signatures.

2. Enclose the $20 non-refundable recertification application fee and an additional $5 paper application processing fee ($25 total) via check or money order payable to the National Registry of EMTs (US funds only).

3. Mail your completed application and fees to the National Registry before your expiration date.

4. Allow 8 weeks for your application to be processed. Monitor your account at NREMT.org to see your status. Your expiration date will change once you have successfully recertified.

Mail recertification application and payment to:
National Registry of EMTs
P.O. Box 772000
Detroit, MI 48277-2000

IMPORTANT INFORMATION

RESPONSIBILITIES OF SUBMISSION
Recertification is considered an individual responsibility. If you expect your employer to complete and submit your application and processing fee and they fail to do so, your certification will lapse.

APPROVING SIGNATURES
Your Training Officer/Supervisor must sign the application verifying your continuing education. You cannot verify your own education. Please be sure to obtain all necessary signatures before submitting your application.

INCOMPLETE APPLICATION SUBMISSION
Incomplete applications will be returned to the address listed on your National Registry account. The corrected application must be sent back to the National Registry within 30 days of the date it is returned to the registrant.

AUDITS AND FRAUDULENT SUBMISSIONS
The National Registry conducts random audits of applications. Inaccurate documentation or submission may lead to revocation of EMS certification or other action deemed appropriate by the National Registry. The National Registry will report all cases of falsified documents to the EMS professional’s state EMS office for potential state action.

COMPLETE THE FORM IN ITS ENTIRETY. ALLOW 8 WEEKS FOR PROCESSING.
EMPLOYER INFORMATION

Organization in which you are currently employed or volunteer as an AEMT:
Agency: _____________________________________________________________
Address: ___________________________________________________________
City: ___________________________ State: ___________ ZIP Code: ___________

Training Officer: ____________________________________________________
Daytime Phone Number: ______________________________________________

By completing this section, you are indicating that you currently perform AEMT skills within an emergency medical service, rescue service or patient care facility.

CRIMINAL CONVICTION AND DISCIPLINARY ACTION STATEMENTS

YES ☐ NO ☐ Since your last certification, have you had a criminal conviction or an Uniform Code of Military Justice action or court martial?

YES ☐ NO ☐ Since your last certification, have you ever been subject to limitation, probation, suspension from, or under revocation of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to any agency authorizing the legal right to work?

ATTENTION STOP

If you answered yes to either question above, you can NOT use this form. You must use the online recertification application process.

AFFIRMATION

I hereby affirm that all statements on this application are true and correct. I understand that false statements may be sufficient cause for revocation by the National Registry.

I also understand (please initial each box):
☐ that this application for renewal of my EMS certification may be selected for audit at any time during my recertification cycle, including AFTER I receive my renewed National Registry certification.
☐ that email, USPS mail and the message center in my National Registry account are the primary sources of communication from National Registry, and I may receive communication from any or all of these sources regarding audits.
☐ if selected for audit, within 30 days I must submit documentation that adequately and accurately reflects the EMS education submitted on the recertification application, including but not limited to: course titles, course dates, hours of education, etc.

Your Signature (must be original) ___________________________ Date ________________

ADDITIONAL SIGNATURES (FOR ACTIVE STATUS ONLY)

As an AEMT Training Officer/Supervisor, I hereby attest to the quality and quantity of the listed continuing education.

Training Officer/Supervisor/Medical Director Signature ___________________________ Date ________________

(must be original and different from registrant)

As a physician medical director of AEMT training/operations, I hereby attest to the continued competence in all the skills required by the state of licensure and local jurisdictions.

Physician Medical Director Signature ___________________________ Date ________________

(must be original and different from registrant)

DOCUMENT YOUR CONTENT UPDATE AND SKILLS VERIFICATION ON NEXT PAGE

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### AEMT CONTENT UPDATE — (50 HRS REQUIRED)

#### NATIONAL — 25 HOURS

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<thead>
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<th>topic</th>
<th>hours</th>
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<th>method</th>
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<td>Airway, Respiration and Ventilation</td>
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<tr>
<td>Cardiovascular</td>
<td>7</td>
<td></td>
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<tr>
<td>Trauma</td>
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<td></td>
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<tr>
<td>Medical</td>
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<td></td>
</tr>
<tr>
<td>Operations</td>
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#### LOCAL — 12.5 HOURS

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#### INDIVIDUAL — 12.5 HOURS

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<tr>
<th>topic</th>
<th>hours</th>
<th>date</th>
<th>method</th>
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This section must be completed using continuing education hours. You may count 28.5 hours (8 national, 8 local and 12.5 individual) of non-instructor-based distributive education toward this section. All hours must be state approved or CAPCE accredited.

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